



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Serial No.: 10/056,348  
Applicant: Ronald M. Burch, et al.  
Filed: 01/25/2002  
Art Unit: 1639  
Examiner: Bennett M. Celsa  
For: **Analgesic Combination of Oxycodone and Nabumetone**  
Docket No.: 200.1079CON4

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

April 18, 2005

**RESPONSE**

**I. INTRODUCTORY COMMENTS**

Sir:

In response to the Final Office Action of January 19, 2005, please reconsider the above-identified patent application based on the following remarks:

**Listing of the Claims** begins on page 2 of this document.

**Remarks/Arguments** begin on page 4 of this document.

FORM PTO-1083  
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P.O. Box 1450  
Alexandria, VA 22314-1450



Docket No.: 200.1079CON4  
Date: April 18, 2005

AF  
1639

In re application of: Ronald M. BURCH, et al.  
Serial No.: 10/056,348  
Filed: January 25, 2002  
For: **ANALGESIC COMBINATION OF OXYCODONE AND NABUMETONE**

Sir:  
Transmitted herewith is a **Response to Office Action** in the above-identified application.

- [ ] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.  
[ ] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.  
[X] No fee for additional claims is required.  
[ ] A filing fee for additional claims calculated as shown below, is required:

(Col. 1)		(Col. 2)		SMALL ENTITY		OR	LARGE ENTITY	
FOR:	REMAINING	HIGHEST		RATE	FEE		RATE	FEE
	AFTER	PREVIOUSLY	PRESENT					
	AMENDMENT	PAID FOR	EXTRA					
TOTAL CLAIMS	Minus	=	0	x \$	9		x \$	18
INDEP. CLAIMS	Minus	=	0	x \$	42		x \$	84
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+	\$140		+	\$280

TOTAL: \$ OR TOTAL: \$

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- [ ] Also transmitted herewith are:  
[ ] Petition for extension under 37 C.F.R. 1.136  
[ ] Other:
- [ ] Check(s) in the amount of \$0.00 is/are attached to cover:  
[ ] Filing fee for additional claims under 37 C.F.R. 1.16  
[ ] Petition fee for extension under 37 C.F.R. 1.136  
[ ] Other:
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- [X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- [X] Any patent application processing fees under 37 C.F.R. 1.17.
- [X] Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on April 18, 2005.  
DAVIDSON, DAVIDSON & KAPPEL, LLC

BY:   
Guendoline Decosta